

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on October 7, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The \_\_\_ patient initial hospital care, subsequent hospital care/evaluation, hyperbaric oxygen therapy, office outpt visit, hospital discharge day mgmt were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This findings and decision is hereby issued this 17<sup>th</sup> day of March 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 08/19/02 through 02/21/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17<sup>th</sup> day of March 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/pr

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

March 12, 2004

**Re: IRO Case # M5-04-0398**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

### History

The patient is a 53-year-old male who injured his left foot and ankle when he fell on \_\_\_\_\_. He had a preexisting history of left ankle surgical fusion with recurring osteomyelitis, morbid obesity, diabetes mellitus (type II insulin dependent), lymphedema, peripheral neuropathy and peripheral vascular disease. He also had documented changes of neuropathic foot disease prior to his injury. Initial x-rays showed no acute fracture or injury, and on \_\_\_\_\_ the patient was diagnosed with a left ankle sprain. On 6/21/01 the patient presented to an M.D. with an open wound of his left foot with exposed bone, and he underwent surgical debridement. On 9/7/01 the patient began treatment with a D.P.M. for a chronic ulceration of his left foot. His prognosis was noted as poor due to his diabetes and neuropathic foot. The patient was eventually referred for hyperbaric therapy for treatment of his left foot wound/ulceration. In August 2002 the patient underwent specialized wound care to salvage his left foot. This treatment included hyperbaric therapy. Eventually the treatment was not successful, and the patient ultimately required a below knee amputation.

### Requested Service(s)

\_\_\_\_\_ patient initial hospital care, subsequent hospital care/evaluation, hyperbaric oxygen therapy, office outpt visit, hospital discharge day mgmt 10/7/02-2/21/03

### Decision

I disagree with the carrier's decision to deny the requested services based on medical necessity.

### Rationale

The records provided in this case were voluminous, and the case is very complex and difficult to review. Foot ulcerations are common in diabetic patients due to loss of sensation associated with peripheral neuropathy as well as peripheral vascular disease. These ulcerations commonly become infected, and these infections can become chronic, possibly resulting in osteomyelitis or infection of the bone. Although there is no evidence in the box of records provided for this review that the patient's grade IV, non-healing diabetic foot ulceration was related to his fall in \_\_\_\_\_, the clinical evaluations by physicians, wound debridement, hyperbaric oxygen therapy, and hospital care provided 10/7/02 – 2/21/03 would be considered the standard of care for the patient's condition, and were medically necessary. The steps taken to in attempt to heal the patient's foot ulceration were appropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.